

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1869

01200

4

DR. GRACIE

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County ALLEGANYCity or town CUMBERLAND
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITALHow long in hospital or institution? 7 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. VA. County MINERALCity or town REIDMONT, W. VA.
(If outside city or town limits, write RURAL and give nearest town)Street No. 33 E. HARRISON ST.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

MR. FRANK E. ANDERSON

3. (b) Social Security Number

232-09-0524

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MALEWHITEWIDOWED6.(b) Name of husband or wife MAUD HERSHBARGER

8.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

OCT. 23, 1881

8. AGE:

Years

Months

Days

It less than one day

64325

hrs.

min.

9. Birthplace WEST VIRGINIA, MORGENTHAU, MD. Co.
(Town, county, and state)10. Usual occupation RIGGER FORMAN@CELANESE

11. Industry or business

GEORGE E ANDERSON

FATHER

12. Name

13. Birthplace

W. VA.14. Maiden name JANE WEESE

15. Birthplace

W. VA.16. Informant MEMORIAL HOSPITAL

Address

CUMBERLAND, MD.17. Burial
(Burial, cremation, or removal. Which?)Date thereof Feb. 21, 1946
(month) (day) (year)

Cemetery or crematory

Philos Cem

Location

Westport, Md.

18. Funeral director

Edgewood & Boal

Address

111 Church St. Westport, Md.19. Feb. 19, 46. J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 18, 1946 at 6:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-11-46 19. to 2-18-46 19.and that I last saw him alive on 2-17-46 19.

Immediate cause of death

Cardiac collapse

DURATION

Due to Commenced fracture
of pelvis - street

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2-11-46Where did injury occur? Cumtars - Alleg. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury FallInjured at work? Yes

23. SIGNATURE

H. G. Gracie, M.D.

M. D. or other

Address Cumtars Date signed 2-18-46

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 26 1946

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

012014
Reg. Dist. No.

1. PLACE OF DEATH:

County..... Allegany
 City or town..... Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 27. Years
 Hospital, institution, or street address where death occurred:
 417. Broadway
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Allegany
 City or town..... Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 417. Broadway
 (If rural, give LOCATION)
 2. (d) If veteran, name war.....

3. (a) FULL NAME

John Francis Ayers

3. (b) Social Security Number

705-09-6076

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married
 6. (b) Name of husband or wife..... Mary Elizabeth Ayers
 6. (c) If alive, give age..... 61 years
 7. Birth date of deceased (mo., day, yr.)..... February 26 1884
 8. AGE: Years..... 61 Months..... 11 Days..... 27 It less than one day..... hrs. min.
 9. Birthplace..... Markleton, Somerset County, Penna.
 (Town, county, and state)
 10. Usual occupation..... Conductor
 11. Industry or business..... Baltimore & Ohio Railroad
 12. Name..... Lewis M. Ayers
 13. Birthplace..... Parkersburg, W. Va.
 14. Maiden name..... Emley McClinic
 15. Birthplace..... Confluence, Pa.

16. Informant..... Mrs. Mary Elizabeth Ayers
 Address..... 417. Broadway, Cumberland, Md.
 17. Burial..... Date thereof..... 2/26/46
 (Burial, cremation, or removal, which?)..... (month) (day) (year)
 Cemetery or crematory..... Hill Crest Cemetery
 Location..... Cumberland, Md.
 18. Funeral director..... William H. Kight
 Address..... Cumberland, Md.
 19. Feb. 25 1946 J. P. Franklin, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 23 1946, at 2-25 P.M.

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from 1949 to Feb. 23, 1946

and that I last saw him alive on Feb. 22, 1946

Immediate cause of death.....

Chronic nephritis & hypertension & edema.

DURATION

6 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

Cumberland, Md. M. D. or other
Address..... Date signed..... 2/25/46

RECEIVED

MAR 5 1946

BUREAU V S

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany
 City or town C. M. Berland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Allegany County InfirmaryHow long in hospital or institution? 2 1/2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Allegany
 City or town Near Cumberland, rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Route 4, Williams Road
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Amanda Baldwin

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Unknown 1880 6. (c) If alive, give age _____ years

8. AGE: Years 65 Months ? Days ? If less than one day _____ hrs. _____ min.

9. Birthplace Moorefield, W. Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Harrison Baldwin13. Birthplace Moorefield, W. Va.14. Maiden name Melvina Mellon15. Birthplace Moorefield, W. Va.16. Informant Mrs. Agnes WoodsAddress Rt. 3, Cumberland, Md.

17. Burial Date thereof February 13, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetary or crematory Allegany County CemeteryLocation Cumberland, Md18. Funeral director John J. HoyerAddress Cumberland, Md

19. Feb. 13 1946 J. P. Franklin, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1946 at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1943 to 2-11-46 1946and that I last saw at alive on 2-9-46 1946

Immediate cause of death

Chronic myocardialDue to degenerationArterio-sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. F. FranklinAddress Cumberland, Md Date signed 7/12/46

APPROVED FOR RELEASE

NO CONTENT

RECEIVED
FEB 20 1946
BUREAU V-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

01203

Reg. Dist. No. /

1. PLACE OF DEATH: Allegany
 County.....
Oldtown
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
In Auto on main thoroughfare
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
Maryland County Allegany
Oldtown Rural
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
Rural near Oldtown
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Bertha May Beegle3. (b) Social Security Number
None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife. George F. Beegle
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) Apr. 26, 1883

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>17</u> hrs. min.

9. Birthplace Magnolia, Md.
 (Town, county, and state)
Housewife
 10. Usual occupation.....
 11. Industry or business.....
 12. Name Mose Twigg
 13. Birthplace Maryland
 14. Maiden name Ehrman Ellis
 15. Birthplace Maryland

16. Informant Earl Twigg
 Address R.D. #4 Cumberland, Md.
 Burial Feb. 15, 46
 (Burial, cremation, or removal. Which?) Date thereof.....
 (month) (day) (year)
 Cemetery or crematory Davis Memorial Cem.
 Location Cumberland, Md.
Charles L. George
 18. Funeral director.....
 Address Cumberland, Md.

19. Feb. 15, 1946 J.P. Granplin, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12, 1946, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19....., to..... 19.....
 and that I last saw h..... alive on..... 19.....

Immediate cause of death	DURATION
<u>Coronary Occlusion</u>	
Due to.....	
Due to.....	
Other conditions.....	
(Include pregnancy within 3 months of death)	

Major findings of operations. ----
 Date of op.
 Autopsy results no autopsy
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE James H. Brown, M.D.
 M. D. or other
 Address Cumberland, Maryland Date signed 2-13-46
 Deputy Medical Examiner - Allegany Co.

RECEIVED

CERTIFICATE OF DEATH

STATE OF NEW YORK

MEDICAL CERTIFICATE

RECEIVED
FEB 19 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:

County... AlleghanyCity or town... Luke
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

335 CromwellHow long in hospital or institution? 6 hr

3. (a) FULL NAME

Baby girl Bradley

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.) Feb. 14, 1946.

8. AGE:

Years

Months

Days

If less than one day

1

hrs.

min.

9. Birthplace Luke-Alleghany-Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb. 16, 46
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Feb. 16 19 46
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County Alleghany

City or town

Luke

(If outside city or town limits, write RURAL and give nearest town)

Street No.

335 Cromwell

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 19 46 at 9.20a h

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 14 19 46 to Feb. 15 19 46and that I last saw h.e.r. alive on Feb. 15 19 46

Immediate cause of death

Pneumonia

DURATION

7 ms

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. E. Berry, M.D.

M. D. or other

Address

Pennmar Vista

Date signed

2/14/46

RECEIVED

FEB 18 1946

BUREAU U.S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 940
CERTIFICATE OF DEATH

01205

Reg. Dist. No. 4

1. PLACE OF DEATH:
County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs.
Hospital, institution, or street address where death occurred:
401 Race St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 401 Race Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME John Thomas Burns
3. (b) Social Security Number 705-05-4825

4. Sex Male
5. Color or race White
6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Margaret Flemming
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) - August 1873

8. AGE: Years 72 Months 6 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Grafton, W. Va.
(Town, county, and state)

10. Usual occupation B & O Railroad (Retired)

11. Industry or business B & O Railroad

FATHER 12. Name Hugh H. Burns
13. Birthplace Ireland

MOTHER 14. Maiden name Anna Hanley
15. Birthplace Ireland

16. Informant Margaret Flemming Burns
Address 401 Race St., Cumberland, Md.

17. Burial Date thereof 11 February 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Mary's Cemetery
Location Cumberland, Maryland.

18. Funeral director Louis Stein, Inc.
Address Cumberland, Maryland.

19. Feb 10 19 46 J.P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH Feb 7 19 46 at 59 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 45 to Feb 7 19 46
and that I last saw him alive on Jan 28 19 46

Immediate cause of death Myocardial Infarction
Coronary Thrombosis
DURATION 5 yrs.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE Alayh. Lurrea M. D. or other 2/8/46
Address Cumberland Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 20 1946

BUREAU V. S.

Within corporate limits

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01206

Reg. Dist. No.

CERTIFICATE OF DEATH

FILM No. 101 MAR 19 1946

1. PLACE OF DEATH:

County ALLEGANY

City or town CUMBERLAND, MD.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

6 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND

County ALLEGANY

City or town CUMBERLAND, rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. POTOMAC PARK RT. #5

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

PETER CENTOFONTI

3. (b) Social Security Number

None

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

MARRIED

6. (b) Name of husband or wife ANNA PROZILLA

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.)

22 June 28, 1874

8. AGE:

Years

Months

Days

If less than one day

71

72-

7

25

hrs.

min.

9. Birthplace

ITALY

(Town, county, and state)

10. Usual occupation

Coal Miner (Retired)

11. Industry or business

FATHER

12. Name

VINCENT CENTOFONTI

13. Birthplace

ITALY

MOTHER

14. Maiden name

Anna CONGIA

15. Birthplace

ITALY

16. Informant

Joseph Centofonti

Address Route 5, Cumberland, Md.

17.

Burial

Date thereof

2/26/1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Peter and Pauls

Location

Cumberland, Md.

18. Funeral director

William H. Kight

Address

Cumberland, Maryland

19.

(Date rec'd by registrar)

19 46

J. P. Franklin, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 23 1946 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 17 1946 to Feb. 23 1946

and that I last saw him alive on

Feb. 23 1946

Immediate cause of death

Myocardia

DURATION

6 days

Due to

Biliary Cystitis

Due to

Liver and in

Other conditions

diabetic mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Samuel J. Jacobson

M. D. or other

Address

153 Liberty St.

Date signed 2/28/46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

01207 4

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County AlleghenyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

503 Fort Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County AlleghenyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)Street No. 503 Fort Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Wesley Clark

3. (b) Social Security Number

214-05-7203

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Agnes Moats6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.)

Jan 9, 1880

8. AGE:

Years 66Months 1Days 10

If less than one day

hrs. min.

9. Birthplace

Cumberland Allegheny Co, Md
(Town, county, and state)

10. Usual occupation

Cooper

11. Industry or business

Hager Barrell Factory

12. Name

John Clark

13. Birthplace

md

14. Maiden name

Hale Mc Intosh

15. Birthplace

Md.

16. Informant

T. W. Clark

Address

511 Fort Ave - Cumb. Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb 21, 1946

(month) (day) (year)

Cemetery or crematory

Willcrest Cemetery

Location

Cumberland Md

18. Funeral director

John J. Hafer

Address

Cumberland Md.19. Feb. 21, 1946

(Date rec'd by registrar)

J. P. Franklin, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 19 46 at 6:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/21/46 19 46 to 2/19/46 19 46and that I last saw him alive on 2/19/46 19 46

Immediate cause of death

Carcinoma of
nasopharyngeal gland

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Revealed tumor
for carcinoma Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE John K. Rozum M. D. or otherCumberland Md. Date signed 2/19/46

RECEIVED

FEB 26 1946

BUREAU V S.

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County AlleghenyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

114 N. Cedar St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Indiana County MiamiCity or town Peru
(If outside city or town limits, write RURAL and give nearest town)Street No. 365 E. 5th St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Isaac Coblentz

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Anna Rairigh6.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

Jan 30, 1879

8. AGE:

Years

Months

Days

If less than one day

67026

hrs.

min.

9. Birthplace

Miami Co. Indiana
(Town, county, and state)

10. Usual occupation

Supt. of Fed. Home

11. Industry or business

at Foster, Ohio.

MOTHER FATHER

12. Name

Joshua Coblentz

13. Birthplace

Fredricks Md

14. Maiden name

Susan Smith

15. Birthplace

Peru Indiana

16. Informant

Mrs Isaac Coblentz

Address

114 N. Cedar St - Cumberland

17. (Burial, cremation, or removal. Which?)

BurialDate thereof March 2, 1946
(month) (day) (year)

Cemetery or crematory

Methodist Cemetery

Location

Near Peru Indiana

18. Funeral director

John J. Hager

Address

Cumberland, Md.

19.

Feb. 27, 1946

(Date rec'd by registrar)

J. P. Haukin, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26, 1946 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-15 1944 to 2-26 1946and that I last saw him alive on 12-25 1945

Immediate cause of death

Coronary Atherosclerosis
Arteriosclerosis
Dissection
Decomposition

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None Date of op. None

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

J. P. Haukin, M.D. M. D. or otherAddress Cumberland, Md. Date signed 2/27/46

RECEIVED

MAR 5 1946

BUREAU OF

ARTIFICIAL CENTER

FOR CONTENT

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County AlleganyCity or town Cumberland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 84 years

Hospital, institution, or street address where death occurred:

722 East Oldtown Rd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 722 East Oldtown Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Alliene Elizabeth Davis

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Franklin Wright Davis

7. Birth date of

deceased (mo., day, yr.)

9 February 1862

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

84016

hrs.

min.

9. Birthplace

Cumberland, Allegany Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Charles A. Scott

13. Birthplace

Maryland

MOTHER

14. Maiden name

Margaret Dowden

15. Birthplace

Maryland

16. Informant

Bertrand J. Davis

Address

722 E. Oldtown Road, Cumberland, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

27 FEB 1946

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Cumberland, Maryland

18. Funeral director

Louis Stein, Inc.

Address

Cumberland, Md.

19.

Feb. 27 1946
(Date rec'd by registrar)J. P. Franklin, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 251946 at 11:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/2/46

19

to

2/25/46

19

and that I last saw him alive on

2/25/46

19

Immediate cause of death

Chronic Myocarditis

DURATION

Due to

coronary atherosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. B. Bly
M.D. or other

Address

Date signed

2/26/46

RECEIVED

MAR 5 1946

BUREAU

Richard Williams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:

County Allegany
City or town Rural- 3 Mi E. Westernport,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution

Stay in hospital or inst. (yrs., or mos., or days) 26 yrs
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Allegany
City or town Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3 Mi. E. Westernport
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

George Amos Davis

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lottie Davis
6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) November 8, 1869

8. AGE: Years 76 Months 3 Days 4 If less than one day hrs. min.

9. Birthplace Davis-Pendleton-Wva.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own farm

12. Name Miles Davis

13. Birthplace W.Va.

14. Maiden name Susan Lambert

15. Birthplace W.Va.

16. Informant Mrs. G.A. Davis

Address Westernport, Md.

17. Burial Date thereof Feb. 15-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Llewellyn Cem.

Location 3 1/2 Mi. N.E. Westernport, Md.

18. Funeral director Ellsworth S. Boal

Address Westernport, Md.

19. Feb. 15 19 46 George Amos Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 19 46, at 5.40 a

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 10 19 46, to Feb. 12 19 46, and that I last saw him alive on Feb. 10 19 46.

Immediate cause of death Anemia - progressive DURATION 1 Year

Due to Malnutrition and senility with senile dementia 1 Year

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul R. Wilson, M.D. M.D. or other

Address Piedmont, W. Va. Date signed Feb. 14, 1946

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 16 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 012119

1. PLACE OF DEATH:

County AlleganyCity or town Frostburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred: Miners HospitalHow long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Frostburg
(If outside city or town limits, write RURAL and give nearest town)Street No. 70 Mechanic St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Laura Dawson

3. (b) Social Security Number

none4. Sex Female5. Color or race White6.(a) Single, married, widowed, or divorced Widowed8.(b) Name of husband or wife Joseph Dawson

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 8, 18838. AGE: Years 62 Months 5 Days 7 If less than one day

hrs. _____ min. _____

9. Birthplace Barton, Allegany Cty., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name John Greenhorn13. Birthplace unknown14. Maiden name Ellen Miller15. Birthplace Maryland16. Informant Naomi DawsonAddress Frostburg Md.17. Burial Date thereof Feb. 18-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Allegany CemeteryLocation Frostburg Md.18. Funeral director J. J. DurstAddress Frostburg Md.19. 2-18 19 46 Mrs. Nancy A. Roe
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 19 46, at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 2 19 46 to Feb 13 19 46and that I last saw her alive on Feb 15 19 46Immediate cause of death DiabetesDURATION Several yearsDue to ArteriosclerosisDue to Arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Wm. C. LaneAddress Frostburg Md. Date signed 2-16-46

M. D. or other _____

RECEIVED
FEB 20 1946
BUREAU V.K.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01212

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany
 City or town Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 70 Years
 Hospital, institution, or street address where death occurred:
Allegany Hospital
 How long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany
 City or town Near Cumberland, rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RT # 3
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Rachel Dicken

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Lon Dicken
 6.(c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) July 28, 1872
 8. AGE: Years 73 Months 6 Days 26 If less than one day
 hrs. min.

9. Birthplace Flintstone, Allegany Co., Maryland
 (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own House

12. Name James Browning

13. Birthplace Flintstone Md

14. Maiden name Eliza Jane Writer

15. Birthplace Flintstone Md.

16. Informant Presley Dicken

Address Rt. 3, Cumberland, Md.

17. Burial Date thereof 2/28/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Zion Memorial Cemetery

Location Cumberland, Md.

18. Funeral director William H. Kight

Address Cumberland, Md.

19. Feb. 27, 1946 J.P. Franklin M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26, 1946 at 1 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3, 1943 to Feb 26, 1946

and that I last saw him Feb 26, 1946 alive on Feb 26, 1946

Immediate cause of death Apoplexy at side

by perforation

Due to Chronic myocarditis

Other conditions

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Cyril B. Ashcraft M. D. or other

Address 31 Greene St Date signed 2/27-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1946

BUREAU OF

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01213

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 years
Hospital, institution, or street address where death occurred:
920 Piedmont Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 920 Piedmont Avenue
(If rural, give LOCATION)
World War II
2.(a) If veteran, name war

3. (a) FULL NAME John Walter Dilfer
3. (b) Social Security Number 217-18-4545

4. Sex Male
5. Color or race White
6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 27 January 1922
8. AGE: Years 24 Months 0 Days 27 If less than one day

9. Birthplace Cumberland, Allegany Co., Md.
(Town, county, and state)

10. Usual occupation Recently discharged from

11. Industry or business U. S. Army

12. Name John Walter Dilfer

13. Birthplace Cumberland, Md.

14. Maiden name Alvira Jones

15. Birthplace Frostburg, Md.

16. Informant John Walter Dilfer

Address 920 Piedmont Avenue, Cumberland, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 26 FEB 1946
(month) (day) (year)

Cemetery or crematory St. Luke's Cemetery

Location Cumberland, Md.

18. Funeral director Louis Stein, Inc.

Address Cumberland, Md.

19. Feb. 26, 1946 J.P. Franklin, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION about
2D. DATE OF DEATH February 23rd., 1946, at 5 A.

2I. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Suicide by hanging

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide suicide Date of 2-23-46

Where did injury occur? Cumberland, Allegany, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury strangulation injured at work? no

23. SIGNATURE James H. Brown, M.D. M. D. or other
Cumberland, Maryland Date signed 2-24-46
Deputy Medical Examiner - Allegany Co.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1946

BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

01214

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:

County Allegany
 City or town Frostburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all her life
 Hospital, institution, or street address where death occurred:
123 Ormond St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Allegany
 City or town Frostburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 123 Ormond St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Nellie Eichorn

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Walter Eichorn
 6.(c) If alive, give age 59 years
 7. Birth date of deceased (mo., day, yr.) March 10, 1888

8. AGE: Years 57 Months 9 Days 24 If less than one day
 hrs. min.

9. Birthplace Borden Mine, Allegany Cty., Md.
 (Town, county, and state)

10. Usual occupation housewife

11. Industry or business Home

12. Name Van Thorpe

13. Birthplace Maryland

14. Maiden name Emma Kautz

15. Birthplace Maryland

16. Informant Walter Eichorn, Jr.

Address Frostburg Md.

17. Burial Date thereof Feb 6-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Allegany Cemetery

Location Frostburg Md.

18. Funeral director J. J. Hurst

Address Frostburg Md.

19. 2-6 19 46 Miss Nancy N. De
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb 3, 1946 at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3, 1946 to Feb 3, 1946

and that I last saw her alive on Feb 3, 1946

Immediate cause of death

Coronary thrombosis DURATION 10 hrs

Due to Hypertension several years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm L. Lane, M.D. M. D. or other

Address Frostburg Md. Date signed 2-5-46

RECEIVED

FEB 8 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

01215

1454
CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany
 City or town Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30. Years
 Hospital, institution, or street address where death occurred:
Allegany County Infirmary
 How long in hospital or institution? 13 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany
 City or town Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 81. North Centre St
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

William Fansler

3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Hulda Fansler
 6.(c) If alive, give age 73 years
 7. Birth date of deceased (mo., day, yr.) August 8 1869
 8. AGE: Years 76 Months 5 Days 1 If less than one dayhrs.min.

9. Birthplace Elkins, Randolph Co., West Virginia
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....Adam Fansler13. Birthplace.....West Virginia14. Maiden name.....Judy Phillips15. Birthplace.....West Virginia16. Informant.....Mrs. Hulda FanslerAddress 81 North Centre St., Cumberland, Md.17. Burial Date thereof Feb. 17, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory.....Hillcrest CemLocation.....Cumberland, Md.18. Funeral director.....William H. KightAddress Cumberland, Md.19. Feb. 17 19 46 J. P. Franklin, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....February 9 19 46, at 10-25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1:45 to 3:45and that I last saw him alive on 2:45 19 46

Immediate cause of death.....

Chronic myocastial degeneration

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....NoneDate of op. NoneAutopsy results.....None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....W. F. WilliamsAddress Cumberland Date signed 2/17/46

RECEIVED

FEB 20 1946

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:

County AlleganyCity or town Westernport
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 28 yrs.Hospital, institution, or street address where death occurred:
Lynn, St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ma. County AlleganyCity or town Westernport
(If outside city or town limits, write RURAL and give nearest town)Street No. Lynn, St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Janet Henschelwood Fazenbaker

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower6.(b) Name of husband or wife Charles

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 18688. AGE: Years 77 Months 2 Days 28 It less than one day _____ hrs. _____ min.9. Birthplace Scotland
(Town, county, and state)10. Usual occupation House-wife11. Industry or business Own home12. Name Robert Wilson13. Birthplace Scotland14. Maiden name Margaret Henschelwood15. Birthplace Scotland16. Informant Albert FazenbakerAddress Westernport, Md.17. Burial Feb 5, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory PhilosLocation Westernport, Md.18. Funeral director Ellsworth S. BoalAddress Westernport, Md.19. Feb 5 46 Fazenbaker M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1946, at 8:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1945 to Feb 9 1946

and that I last saw her alive on _____ 19____

Immediate cause of death Congestive heart failure

DURATION

6 weeksDue to Hypertensive cardio-vascular disease4-5 years

Due to _____

Other conditions Obesity - severe30 yrs

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James Henschelwood M.D.

M.D. or other

Address Reclumet W. Va. Date signed Feb 5, 1946

RECEIVED
FEB 7 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 70-2

CERTIFICATE OF DEATH

Reg. Dist. No. 01217

1. PLACE OF DEATH:

County Allegany
 City or town Lonaconing
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 mo 12 1/2 dss
 Hospital, institution, or street address where death occurred:
Jackson Street
 How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Allegany
 City or town Lonaconing
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Railroad Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war ---

3. (a) FULL NAME

Charles Lee Green

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Child</u>
6.(b) Name of husband or wife <u>---</u>		
6.(c) If alive, give age <u>---</u> years		
7. Birth date of deceased (mo., day, yr.) <u>June 26, 1938</u>		
8. AGE: Years <u>7</u>	Months <u>7</u>	Days <u>9</u> If less than one dayhrs.min.
9. Birthplace <u>Cumberland, Allegany Co., Md.</u> (Town, county, and state)		
10. Usual occupation <u>none</u>		
11. Industry or business		
MOTHER	12. Name <u>Reynold E. Green</u>	
	13. Birthplace <u>Moscow, Md.</u>	
	14. Maiden name <u>Estella P. Robinson</u>	
	15. Birthplace <u>Lavigantville, Md.</u>	
FATHER	16. Informant <u>Reynold E. Green</u> Address <u>Lonaconing, Md.</u>	
	17. <u>Burial</u> Date thereof <u>Oct 8, 1946</u> (Burial, cremation, or removal. Which?) (month) (day) (year)	
	Cemetery or crematorium <u>Samuel Hill Cemetery</u> Location <u>Moscow, Md.</u>	
18. Funeral director <u>M. Eichhorn</u> Address <u>Lonaconing, Md.</u>		
19. <u>Feb 7</u> 19 <u>46</u> <u>Dr. E. O. 57</u> (Date rec'd by registrar) Registrar		

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5th., 1946 at 4.30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to19.....

and that I last saw him.....alive on19.....

Immediate cause of death.....

Fractured skull at base;
" third cervical vertebra.

Due to.....killed

.....instantly

Due to.....

Other conditions multiple lacerations andbrush burns

(Include pregnancy within 3 months of death)

Major findings of operations. ---Anteopsy results no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2-5-46Where did injury occur? Lonaconing, Allegany, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) streetMeans of injury his sled crashed into truck Injured at work no23. SIGNATURE Rune H. Brown, M.D.Address Cumberland, Maryland Date signed 2-6-46

Deputy Medical Examiner - Allegany Co.

RECEIVED

FEB 9 1946

BUREAU V.S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

01218

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
County Allegheny
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
B & O T. R. near Virginia Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Allegheny
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 440 Pennsylvania Ave.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME Noah Ellis Gurtler
3. (b) Social Security Number 705-09-3742

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Jane Gurtler
6. (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) July 2, 1885
8. AGE: Years 60 Months 7 Days 7 If less than one day
hrs. min.

9. Birthplace Magnolia, Morgan Co. W. Va.
(Town, county, and state)
10. Usual occupation Brakeman
11. Industry or business B & O T. R.

12. Name George Gurtler
13. Birthplace Germany
14. Maiden name Elizabeth Steinbaugh
15. Birthplace Pennsylvania

16. Informant Wm. James Hustler
Address Cumberland, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof February 13, 1946
(month) (day) (year)
Cemetery or crematory Hillcrest Cem
Location Cumberland, Md.

18. Funeral director Thos. J. Haher
Address Cumberland, Md.

19. Feb. 13, 1946 J. P. Thompson, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH February 9th, 1946 at 6.40 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
and that I last saw him alive on

Immediate cause of death Coronary Occlusion

DURATION
Due to
Due to
Other conditions

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results no autopsy
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James H. Brown, M.D.
M. D. or other
Address Cumberland, Maryland Date signed 2-9-46
Deputy Medical Examiner - Allegheny Co.

MARGIN RESERVED FOR BINDING

VS A15 9.45 PM

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 20 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 548

CERTIFICATE OF DEATH

Reg. Dist. No. 01219 4

1. PLACE OF DEATH:

County... ALLEGANY
City or town... CUMBERLAND
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITAL

How long in hospital or institution? 7 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... PENNA. County...

City or town... UNIONTOWN
(If outside city or town limits, write RURAL and give nearest town)

Street No. 38 McCORMICK AVE.
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

MR. ARLEY GUTHRIE

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MALE

WHITE

WIDOWED

6. (b) Name of husband or wife EMMA SHARTZER

8. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) MARCH 14, 1861

8. AGE: Years Months Days It less than one day
84 10 29 hrs. min.

9. Birthplace W. VA. (Town, county, and state)

10. Usual occupation FARMER

11. Industry or business

12. Name KRIS GUTHRIE

13. Birthplace WEST VIRGINIA

14. Maiden name ALMA SMITH

15. Birthplace WEST VIRGINIA

16. Informant MEMORIAL HOSPITAL

Address CUMBERLAND, MD.

17. Burial Date thereof Feb. 15, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Markleysburg, Pa.

Location Markleysburg, W. Va.

18. Funeral director E. H. Harwood

Address Brandonville, W. Va.

19. Feb. 14, 1946 J. P. Hauklien, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 13, 1946 11:50

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FEB. 6, 1946 to FEB. 13, 1946

and that I last saw him alive on FEB. 13, 1946

Immediate cause of death

Carcinoma prostate

DURATION

4-5 yrs approx

Due to

Due to

Other conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Howard L. Tolson, M.D.
Cumberland, Md. Date signed 2-17-46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 20 1946

BUREAU V. E.

Outside of
City limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

01220

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County... Allegany Co., Bedford Road (Rural)

City or town... Chamberland, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since Dec 15-1945

Hospital, institution, or street address where death occurred...
Bedford Road R.F.D. #3

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Illinois County... Cook

City or town... Chicago
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3648 W. 66 Street

(If rural, give LOCATION)

2.(a) If veteran, name war... No ✓

3. (a) FULL NAME

William Lewis Haines

3. (b) Social Security Number

345-10-4681

4. Sex... 5. Color or race... 6. (a) Single, married, widowed, or divorced

Male white widower

6. (b) Name of husband or wife... Florence Haines

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) Sept 6-1883

8. AGE: Years... Months... Days... If less than one day... hrs... min.
67 5 8 ...hrs...min.

9. Birthplace... Pleasant Dale, W. Va
(Town, county, and state)

10. Usual occupation... Salesman

11. Industry or business... Biscuit Salesman

12. Name... I. Menor Haines

13. Birthplace... Hampshire Co., W. Va

14. Maiden name... Betty M. Grudorff

15. Birthplace... Hampshire Co., W. Va

16. Informant... George R. Galloway

Address... Bedford Road Chamberland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof... Feb 17, 1946
(month) (day) (year)

Cemetery or crematory... Augusta Cemetery

Location... Augusta, W. Va.

18. Funeral director... W. H. McKee

Address... Augusta, W. Va.

19. Feb 14, 1946 (Date rec'd by registrar) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb 14, 1946 at 5:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 to Feb 14 1946

and that I last saw him alive on Feb 4 1946

Immediate cause of death... Chronic myocarditis

DURATION

6 mos.

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... R. B. Truaskis, M.D.

M. D. or other

Address... Chamberland, Md Date signed Feb 14-46

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 20 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

01221

Reg. Dist. No.

1. PLACE OF DEATH:

County Allegany
 City or town Heat, Oldtown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Died in car enroute to see Dr.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County AlleganyCity or town Oldtown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs May Saffronia Haugh

3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Edgar M. Haugh</u>			
6. (c) If alive, give age <u>62</u> years			
7. Birth date of deceased (mo., day, yr.) <u>March 25, 1883</u>			
8. AGE:	Years	Months	Days
	<u>62</u>	<u>10</u>	<u>22</u>
	hrs. min.		

9. Birthplace	<u>Ohio</u> (Town, county, and state)
10. Usual occupation	<u>Housework</u>
11. Industry or business	<u>At Home</u>
12. Name	<u>John T. Moreland</u>
13. Birthplace	<u>W. Va.</u>
14. Maiden name	<u>Ellen Youngblood</u>
15. Birthplace	<u>W. Va.</u>

16. Informant	<u>Edgar M. Haugh</u>
Address	<u>Oldtown, Md</u>
17. Burial	<u>Feb 20, 1946</u>
(Burial, cremation, or removal. Which?)	(month) (day) (year)
Cemetery or crematory	<u>Oldtown Cemetery</u>
Location	<u>Oldtown Md</u>
18. Funeral director	<u>John G. Hafer</u>
Address	<u>Cumberland Md</u>
19. <u>Feb. 20, 1946</u>	<u>J. P. Franklin, M.D.</u>
(Date rec'd by registrar)	Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17, 1946 at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1 - 1945 to Feb 17, 1946
and that I last saw him alive on Feb 17, 1946

Immediate cause of death

Cerebral thrombosis

DURATION

2 hrs

Due to

Atherosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John G. Hafer
Address 1263 Forest Cumberland Md
Date signed 2/20/46

RECEIVED
FEB 28 1946
BUREAU V. L.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 174

01222

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

Memorial Hospital
How long in hospital or institution? 35 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County allegany
City or town Barrelsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Durbin John Hockenberry

3. (b) Social Security Number

168-03-1448

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

8. (b) Name of husband or wife Orpha College

8. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Jan 23, 1886

8. AGE: Years 60 Months 0 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace East Watford Juniata Co, Pa
(Town, county, and state)

10. Usual occupation Coal Miner

11. Industry or business Coal Mines

12. Name Thaddeus Hockenberry

13. Birthplace Pa

14. Maiden name Annie Swales

15. Birthplace Pa

16. Informant Mrs Orpha Hockenberry

Address Hyndman Route 1

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Feb 25, 1946
(month) (day) (year)

Cemetery or crematory Cooks Cemetery

Location Near Wellersburg Pa

18. Funeral director John J. Hoff

Address Cumberland, md

19. Feb 23, 1946 J. P. Franklin, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 19 46 at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION

Shock _____

(probably frac. lumbar vertebra) one hr.

Due to 50 min.

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2-21-46

Where did injury occur? Barrelville, Allegany, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) coal mine

Means of injury fall of rock Injured at work? yes

23. SIGNATURE James H. Bourne, M.D. M. D. or other

Address Cumberland, Maryland Date signed 2-22-46

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1946

ART BUREAU

CONTENT

RECEIVED
FEB 26 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

01223

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County AlleganyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 Days

Hospital, institution, or street address where death occurred:

Allegany Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)Street No. 135 North Mechanic St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

FREDERICK WILLIAM HOFFMAN

3.(b) Social Security Number

214-05-6303

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Divorced6.(b) Name of husband or wife Mamie HoffmanB.(c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) December 14, 1879

8. AGE: Years Months Days If less than one day

6623

hrs.

min.

9. Birthplace Cumberland, Allegany Co., Maryland
(Town, county, and state)10. Usual occupation Steward11. Industry or business Eagles Home12. Name Frederick W. Hoffman13. Birthplace Germany14. Maiden name Amanda Carnkly15. Birthplace Germany18. Informant Melvin HoffmanAddress 307, Lookout Ave., Akron, Ohio17. Burial Date thereof Feb. 19, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hill Crest CemeteryLocation Cumberland, Md.18. Funeral director William H. KightAddress Cumberland, Maryland19. Feb. 18, 1946 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1946, at 5-30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/9 1946, to 2/17 1946.
and that I last saw him alive on 2/17/46

Immediate cause of death

coronary thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John K. Rozum M.D. M. D. or otherAddress Cumberland, Md. Date signed 2/18/46

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 26 1946

BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 11983

CERTIFICATE OF DEATH

01224

Reg. Dist. No. 9

1. PLACE OF DEATH

County Allegheny
City or town Bedford Mines
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mos.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Pa. County Allegheny
City or town Bedford Mines, Pa.
(If outside city or town limits, write RURAL and give nearest town)
Street No. P. O. No. 2, Frerking, Md.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Harold Clayton Johnson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Child

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 11, 1945 6.(c) If alive, give age 1 years

8. AGE: Years 6 Months 5 Days 5 hrs. 5 min

9. Birthplace Bedford Mines, Allegheny, Md.
(Town, county, and state)

10. Usual occupation Child

11. Industry or business

12. Name Louis Ralph Johnson

13. Birthplace Myran, Pa.

14. Maiden name Lea, or Mrs. L. L. Lerner

15. Birthplace Bedford Mines, Md.

16. Informant Louis Ralph Johnson

Address P. O. No. 2, Frerking, Md.

17. Burial Date thereof Feb. 13, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Forest Cemetery

Location Exhart, Md.

18. Funeral director Jacob Parker

Address Frerking, Md.

19. 2-12-46 19 46 Mrs. Nancy H. Roe
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1946 at 12:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11, 1946 to Feb 11, 1946 and that I last saw him alive on Feb 11, 1946

Immediate cause of death acute enteritis DURATION 2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. M. L. J. W. M. D. M. D. or other

Address Frerking, Md. Date signed 2-11-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 15 1946
BUREAU V. L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

Reg. Dist. No. 01225 9

1. PLACE OF DEATH:

County AlleganyCity or town Frostburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County alleganyCity or town Frostburg
(If outside city or town limits, write RURAL and give nearest town)Street No. 87 Mt Pleasant

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

4. Sex W 5. Color or race W 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife John W. Keating7. Birth date of deceased (mo., day, yr.) Sept 20 - 1876 8. (c) If alive, give age 69 years8. AGE: Years 69 Months 4 Days 24 If less than one day hrs. min.9. Birthplace Frostburg, Alleg - md.
(Town, county, and state)10. Usual occupation housewife11. Industry or business Harmon Winner12. Name Harmon Winner13. Birthplace Frostburg, md.14. Maiden name Laura Croyle15. Birthplace Frostburg, md.16. Informant Charles KeatingAddress Frostburg, md.17. Burial Date thereof Feb 16 - 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St MichaelsLocation Frostburg, md.18. Funeral director J. J. DuffAddress Frostburg, md.19. 2-16 19 46 Mrs. Xancy H. Roe

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 19 46, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 15 19 44, to Feb. 13 19 46and that I last saw et alive on Feb. 13 19 46.

Immediate cause of death

Cardio-vascular
renal disease

DURATION

2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE H. C. Diehl, M.D. M. D. or otherAddress Frostburg, md. Date signed 2/16/46

FROM THE SECRETARY OF THE ARMY

TO THE SECRETARY OF THE ARMY

RECEIVED
FEB 18 1946
BUREAU U.S.

Within corporate limits
DR. ENFIELD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 128

CERTIFICATE OF DEATH

01226

Reg. Dist. No. 4

1. PLACE OF DEATH:

County ALLEGANY
City or town CUMBERLAND
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITAL

How long in hospital or institution?

1 DAY

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State WEST VIRGINIA County Morgan

City or town PAW PAW
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war World War II

3. (a) FULL NAME

Wilbur Irvin KLINE

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MALE

WHITE

SINGLE

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

APRIL 8 1901

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

44

10

10

hrs.

min.

9. Birthplace WEST VIRGINIA

(Town, county, and state)

10. Usual occupation MANAGER AMERICAN LEGION

11. Industry or business

FATHER

12. Name THEODORE KLINE

13. Birthplace WEST VIRGINIA

MOTHER

14. Maiden name MINNIE BERRINGER

15. Birthplace WEST VIRGINIA

16. Informant MEMORIAL HOSPITAL

Address

CUMBERLAND, MD.

17. Burial (Burial, cremation, or removal. Which?)

Date thereof Feb. 22 1946
(month) (day) (year)

Cemetery or crematory Camp Hill Cemetery

Location Paw Paw, W. Va.

18. Funeral director

Louis Stein, Inc.

Address

Cumberland, Maryland.

19. (Date rec'd by registrar)

Feb. 20, 46

J. P. Franklin, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 19 1946 at 7:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 18 1946 to Feb 19 1946

and that I last saw him alive on Feb 19 1946

Immediate cause of death

Acute Hemorrhagic
Pancreatitis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed 2/20/46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 26 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

01227

4

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....AlleganyCity or town.....Cumberland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....66 years

Hospital, institution, or street address where death occurred:

614 Columbia Avenue

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....AlleganyCity or town.....Cumberland

(If outside city or town limits, write RURAL and give nearest town)

Street No.....614 Columbia Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

FRANK A. KLOSTERMAN

3.(b) Social Security Number

None4. Sex.....Male5. Color or race.....White6.(a) Single, married, widowed, or divorced.....Married6.(b) Name of husband or wife.....Irene Gomez

6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.).....January 18808. AGE: Years.....66 Months.....1 Days.....- If less than one day.....hrs.min.9. Birthplace.....Cumberland, Allegany Co., Md.
(Town, county, and state)10. Usual occupation.....Grocer11. Industry or business.....Own12. Name.....Thomas A. Klosterman13. Birthplace.....Maryland14. Maiden name.....Elizabeth Starnier15. Birthplace.....Maryland16. Informant.....Harry KlostermanAddress.....LaVale, Long, Maryland.17. Burial.....25 FEB 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory.....St. Peter's and Paul's CemeteryLocation.....Cumberland, Maryland.18. Funeral director.....Louis Stein, Inc.Address.....Cumberland, Maryland.19. Feb. 24, 46 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....22 February 1946, at.....M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....2-22-46 1945, to.....19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death.....coronary heart failureDURATION.....2 yearsDue to.....chronic myocarditisDURATION.....3 years

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of.....

Where did injury occur?.....(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....Injured at work?

23. SIGNATURE.....L. M. King M.D.Address.....Long MdDate signed.....2-23-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1946

BUREAU

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County ALLEGANYCity or town CUMBERLAND, MD.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 46 DAYS

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITAL DAYSHow long in hospital or institution? 46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County GARRETTCity or town SWANTON
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

MR JOHN A. LAFFEY

3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MALE WHITE MARRIED6.(b) Name of husband or wife MARGARET DRISCOLL

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) DEC. 18, 18598. AGE: Years Months Days If less than one day
86 2 2 _____ hrs. _____ min.9. Birthplace W. VA. Rowlesburg
(Town, county, and state)10. Usual occupation RETIRED11. Industry or business Invalid - 11 yrs.12. Name PATRICK LAFFEY13. Birthplace IRELAND14. Maiden name MARY GILMORE15. Birthplace IRELAND16. Informant MEMORIAL HOSPITALAddress CUMBERLAND, MD.17. Burial Date thereof Feb. 23, 1946
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Saint Thomas CemLocation Kepper, W. Va.18. Funeral director B. W. MarkwoodAddress Kepper, W. Va.19. Feb. 20, 1946 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 20, 1946 at 3:08 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 5, 1945, to Feb 20, 1946and that I last saw him alive on Feb 19, 1946

Immediate cause of death _____ DURATION

Carcinoma lower lip 1 year

Due to _____

Due to _____

Other conditions Metastases to neck & chest 3 mos

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. R. Radebone M.D. M. D. or otherAddress Memorial Hospital Date signed 2-20-46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 26 1946

BUREAU V S

Within corporate limits
Williams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 875

01229

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County... Allegheny
City or town... Cumberland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
Allegheny County Infirmary
How long in hospital or institution? 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... MD County... Allegheny
City or town... Rural - Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No... Hazen Road
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Findley Leasure

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) October 10, 1866

8. AGE: Years 79 Months 4 Days 8 If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William Leasure

13. Birthplace Maryland

14. Maiden name Mary Leasure

15. Birthplace Maryland

16. Informant Allegheny County Infirmary

Address Cumberland, Md.

17. Burial Date thereof February 21, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Allegheny County Cemetery

Location Cumberland, Md.

18. Funeral director John J. Wolfe

Address Cumberland, Md.

19. Feb 20, 1946 John P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18, 1946 at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from June 29, 1935 to 2-18-1946
and that I last saw him alive on 2-16-1946

Immediate cause of death

Generalized
arteriosclerosis

Due to

Due to

Other conditions Parkinson's
inframedulla, paralysis
(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R.F. Williams

Address Cumberland Date signed 2-19-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 26 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

CERTIFICATE OF DEATH

Reg. Dist. No. 01230 9

1. PLACE OF DEATH:

County AlleganyCity or town Frostburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Miners Hospital
How long in hospital or institution? 15 days

3. (a) FULL NAME

Emma Louise Lilly

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

James Lilly

7. Birth date of

deceased (mo., day, yr.)

August 22, 18906. (c) If alive, give age 59 years

8. AGE:

Years 55Months 6Days 3

If less than one day

hrs. min.

9. Birthplace

Eckhart Allegany Cty., Md.
(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

home

12. Name

Joseph Dowling

13. Birthplace

Germany

14. Maiden name

Martha Wade

15. Birthplace

Maryland

16. Informant

James Lilly

Address

Mt. Savage Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Mar 1, 1946

(month) (day) (year)

Cemetery or crematory

St. Michael's Cemetery

Location

Frostburg Md.

18. Funeral director

J. J. Aljurst

Address

8 Frostburg Md.19. 2-28

(Date rec'd by registrar)

19 46 Sup. Nailey A. De

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Mt. Savage
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 19 46, at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 11 19 46, to Feb 26 19 46and that I last saw him/her alive on Feb 26 19 46

Immediate cause of death

Scrubies

DURATION

??

Due to

Cholera

Due to

Cholera

Other conditions

Fracture of ribs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accidental Date of Feb 10, 1946Where did injury occur? Mt. Savage Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) yes home

Means of injury

Fell

Injured at work?

No

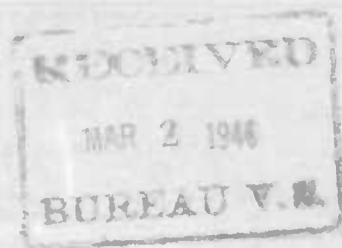
23. SIGNATURE

W. M. Lane

M. D. or other

Address

Frostburg Md.Date signed 2-28-46



CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County AlleganyCity or town Cumberland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 years.

Hospital, institution, or street address where death occurred:

322 Pennsylvania Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 322 Pennsylvania Avenue.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

George M. Linaburg

3. (b) Social Security Number

None4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Jane Driggs

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 September 18618. AGE: Years 84 Months 5 Days 15 If less than one day

hrs. min.

9. Birthplace Little Orleans, Allegany Co., Md.

(Town, county, and state)

10. Usual occupation Watchman11. Industry or business Warehouse, City of Cumberland.12. Name Frederick D. Linaburg13. Birthplace Maryland14. Maiden name Rosa Apple15. Birthplace Maryland16. Informant Julius C. LinaburgAddress Cumberland, Maryland.17. Burial Burial Date thereof Feb. 21, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Davis Memorial CemeteryLocation Cumberland, Maryland.18. Funeral director Louis Stein, Inc.Address Cumberland, Maryland.19. Feb. 20, 1946 J. P. Franklin, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 19 46 at 11:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 8 19 46 to Feb 19 19 46and that I last saw him alive on Feb 18 19 46Immediate cause of death Coronaryocclusion.Due to Myocarditisarterio sclerosisDue to infarction of age

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Messersmith

M. D. or other

Address 133 Va anDate signed 2-20-46

RECEIVED

FEB 26 1946

BUREAU V.S.

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH

County.....

City or town.....

How long in above place of death?

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITAL 1 week

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State PENNA. County BEDFORD

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

MRS. MARY LOGUE

3.(b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

FEMALE WHITE MARRIED

6.(b) Name of husband or wife.....

CHARLES LOGUE

8.(c) If alive, give age.....

64 years

7. Birth date of deceased (mo., day, yr.)

JANUARY 23, 1902

8. AGE: Years Months Days If less than one day

44 0 13 hrs. min.

9. Birthplace.....

PENNA. Bedford County

10. Usual occupation.....

HOUSE WIFE

11. Industry or business.....

12. Name.....

JOHNSON CLITES

13. Birthplace.....

PENNA.

14. Maiden name.....

LOTTIE HOLLER

15. Birthplace.....

PENNA

16. Informant.....

Douley Logue

Address.....

HYNDMAN, PA.

17. Burial.....

(Burial, cremation, or removal. Which?) Date thereof.....

Feb. 14, 1946

(month) (day) (year)

Cemetery or crematory.....

Dry Ridge

Location.....

Dry Ridge, Bedford County, Pa

Harvey H. Zeigler

18. Funeral director.....

Address.....

Hyndman, Pa.

19. (Date rec'd by registrar).....

Feb. 10, 46 J.P. Franklin, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

FEBRUARY 8, 1946 12:10

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1945 to Feb 8 1946

and that I last saw him alive on Feb 7 1946

Immediate cause of death.....

Adynamic Illness

DURATION

6 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed.....

2-8-46

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 20 1946
BUREAU V. M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of place
of death of deceased is
shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 110-2

01233

CERTIFICATE OF DEATH

Reg. Dist. No. 9

FILM No. 100 FEB 27 1946

1. PLACE OF DEATH:

County Allegany Postoffice Postburg
City or town Eckhart
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs.
Hospital, institution, or street address where death occurred:
Miners Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County Allegany
City or town Eckhart
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas Maher

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Isabelle Kelly</u>		
6. (c) If alive, give age <u>68</u> years		
7. Birth date of deceased (mo., day, yr.) <u>July 15 1882</u>		
8. AGE:	Years <u>63</u>	Months <u>6</u>
	Days <u>26</u>	If less than one day hrs. _____ min. _____
9. Birthplace <u>Valley Summit, Allegany, Md.</u> (Town, county, and state)		
10. Usual occupation <u>Cafe Operator</u>		
11. Industry or business _____		
FATHER	12. Name <u>Tom Maher</u>	
	13. Birthplace <u>Cumberland, Md.</u>	
MOTHER	14. Maiden name <u>Mrs. Dantherage</u>	
	15. Birthplace <u>Valley Summit, Md.</u>	
16. Informant <u>Mrs. Lee Maher</u> Address <u>Midland, Md.</u>		
17. Burial (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereof <u>2-15-1946</u> (month) (day) (year) Cemetery or crematory <u>St. Michael's Cem.</u> Location <u>Postburg, Md.</u>		
18. Funeral director <u>Jacob J. Vogel</u> Address <u>Postburg, Md.</u>		
19. <u>2-12-46</u> (Date rec'd by registrar) <u>46 Mrs. Mauley H. Doe</u> Registrar		

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12th, 1946, at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____

and that I last saw h. _____ alive on _____ 19____

Immediate cause of death _____

Coronary embolism

DURATION

Due to Comminuted fracture right leg; February 10th., 46

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations. _____

Date of op. _____

Autopsy results no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2-10-46Where did injury occur? Eckhart, Allegany, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) highwayMeans of injury struck by auto Injured at work? no23. SIGNATURE Phineas H. Watson, M.D.

M. D. or other

Address Cumberland, Maryland Date signed 2-12-46

Deputy Medical Examiner - Allegany Co.

HAS CONTENT

RECEIVED
FEB 15 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

01234

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County AlleganyCity or town Cumberland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Sixty yearsHospital, institution, or street address where death occurred: Allegany Co. InfirmaryHow long in hospital or institution? Three years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 223 Wallace St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Margaret Ann Maxwell

3. (b) Social Security Number

None4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 27 July 18718. AGE: Years 74 Months 6 Days 19 If less than one day hrs. min.9. Birthplace New York, New York.
(Town, county, and state)10. Usual occupation Nurse

11. Industry or business

12. Name James Maxwell13. Birthplace Ireland14. Maiden name Margaret McCollough15. Birthplace Ireland16. Informant A. L. McColloughAddress 223 Wallace St., Cumberland, Md.17. Burial (Burial, cremation, or removal. Which?) Date thereof 18 February 1946
(month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Cumberland, Maryland.18. Funeral director Louis Stein, Inc.Address Cumberland, Maryland.19. Feb 18, 1946 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 19 46 at 8:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 16 19 41 to 2. 16 19 46and that I last saw him alive on 2. 13 19 46Immediate cause of death Bronchopneumonia DURATION 1 wk.Generalized arteriosclerosis

Due to

Other conditions Hemiplegialeft side (dead)

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. P. Franklin M. D. or other

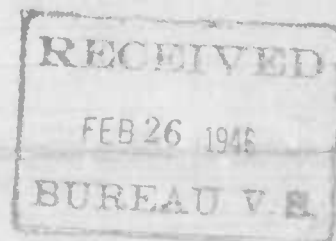
Address Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr Williams



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

01235

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County AlleganyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years.

Hospital, institution, or street address where death occurred:

221 Independence St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)Street No. 221 Independence Street
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Harvey R. McCreary

3. (b) Social Security Number

214-05-88114. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Bessie McCreary

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 28 January 18878. AGE: Years 59 Months 0 Days 20 If less than one day
hrs. min.9. Birthplace Ellerslie, Allegany Co., Md.
(Town, county, and state)10. Usual occupation Handler11. Industry or business Transfer Business.12. Name Francis M. McCreary13. Birthplace Pennsylvania.14. Maiden name Mary L. Gaster15. Birthplace Pennsylvania16. Informant Mrs. R. L. LivingstonAddress Cumberland, Md.17. Burial Date thereof 21 Feb. 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill Cemetery
Cumberland, Maryland.

Location

18. Funeral director Louis Stein, Inc.Address Cumberland, Maryland.19. Feb 20, 1946 J. P. Franklin M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18, 1946 at 9 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 5, 1946 to Feb. 15, 1946
and that I last saw him alive on Feb. 17, 1946Immediate cause of death Pulmonary embolismDue to coronary thrombosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

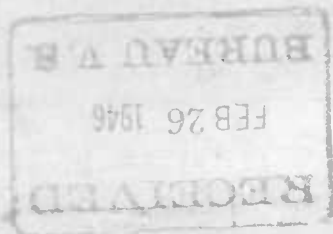
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Blane M. Schindler M.D.Address 41 Green St., Cumberland, Md. Date signed Feb. 19, 1946

Mr. Schneider



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 96

CERTIFICATE OF DEATH

01236

Reg. Dist. No. 9

1. PLACE OF DEATH:

County AlleganyCity or town Smithsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Miners Hospital

How long in hospital or institution?

52 days

3. (a) FULL NAME

Frank Muletz

3. (b) Social Security Number

213-09-6418

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

8. (b) Name of husband or wife

Frances Muletz

7. Birth date of

deceased (mo., day, yr.)

Dec. 6 - 1891

6. (c) If alive, give age

49 3 years

8. AGE:

Years

Months

Days

If less than one day

5427

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

coal mines

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

18. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

2-15
(Date rec'd by registrar)

19

46Mr. Harry H. Coe

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 13

19

46 at 2:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 21

19

43 toFeb 13

19

46and that I last saw him alive onFeb 13

19

46

Immediate cause of death

aneurysm of arch of aorta

DURATION

several months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED
FEB 18 1946
BUREAU V.R.

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County AlleganyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 mo.

Hospital, institution, or street address where death occurred:

Green City Station B & O Ry

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)Street No. Paca St.
(If rural, give LOCATION)2. (a) If veteran, name war World War I

3. (a) FULL NAME

John K. Muncie

3. (b) Social Security Number

212-12-8317

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20th, 19 46, at 4:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him..... alive on 19.....

Immediate cause of death

Coronary Occlusion

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where)?

Means of injury Injured at work?

23. SIGNATURE James H. Brown, M.D.

M. D. or other

Cumberland, Maryland Date signed 2-20-46Deputy Medical Examiner - Allegany Co.

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

FEB 26 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WILSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01238

Reg. Dist. No. 4

1. PLACE OF DEATH:

County ALLEGANYCity or town CUMBERLAND, MD.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITAL

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ALLEGANYCity or town CUMBERLAND
(If outside city or town limits, write RURAL and give nearest town)Street No. 32 MARION ST.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Justus
MR. MICHAEL NAUGHTON

3. (b) Social Security Number

705-10-60774. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced SINGLE

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) NOV. 9, 1902 8. (c) If alive, give age _____ years8. AGE: Years 43 Months 3 Days 1 If less than one day _____ hrs. _____ min.9. Birthplace MARYLAND, Mt. Savage, Alleg. Co.
(Town, county, and state)10. Usual occupation UNEMPLOYED (CLERK)11. Industry or business Kelly Springfield Tire Co.12. Name EDWARD NAUGHTON13. Birthplace MARYLAND, Cumberland14. Maiden name FRANCES GRABENSTEIN15. Birthplace MARYLAND, Cumberland16. Informant MARGARET NAUGHTONAddress 32 MARION ST., CITY17. Burial Date thereof Feb. 12, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Peter's and Paul's Cem.Location Cumberland, Md.18. Funeral director John J. HaysAddress Cumberland, Md.19. Feb. 11, 1946 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

4:50 A.M.20. DATE OF DEATH FEBRUARY 10, 1946 19____ st. ____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 6, 1946 to Feb. 10, 1946and that I last saw him alive on Feb. 9, 1946

Immediate cause of death

Chronic Alcoholism
Delirium Tremens

DURATION

2 yrs.
5 days

Due to

Injured by ship2/5/46

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2/5/46Where did injury occur? Cumberland
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) ShopMeans of injury Fallen in Injured at work? no

23. SIGNATURE

Clayton L. Jones
Cumberland M. D. or other 2/10/46
Address Date signed

RECEIVED
FEB 20 1946
BUREAU V.S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

01239

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? six hours
Hospital, institution, or street address where death occurred:
Allegany Hospital
How long in hospital or institution? six hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State West Virginia County Mineral
City or town Fort Ashby
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME Baby boy Neff, James Raymond
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced single
6. (b) Name of husband or wife _____
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) February 22, 1946
8. AGE: Years _____ Months _____ Days _____ If less than one day Six hrs. _____ min.

9. Birthplace Cumberland, Allegany Co., Maryland
(Town, county, and state)
10. Usual occupation Is lost
11. Industry or business Oscar R. Neff
12. Name Oscar R. Neff
13. Birthplace Mc Allister, Okla.
14. Maiden name Georgia Lewis
15. Birthplace West Virginia

16. Informant Oscar Neff
Address Ft. Ashby, W. Va.
17. Burial
(Burial, cremation, or removal, Which) Date thereof February 23, 1946
(month) (day) (year)
Cemetery or crematory Ft. Ashby Cemetery
Location Ft. Ashby, W. Va.
18. Funeral director Philip J. Hoffer
Address Cumberland, Md.
19. Feb. 23, 1946
(Date rec'd by registrar) J. P. Franklin, M.D.
Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH February 22 1946 at 9: A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 22 1946, to February 22 1946, and that I last saw him alive on February 22, 1946.
Immediate cause of death Prematurity
DURATION _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE Blone M. Schindler M. D. or other
Address Mineral, W. Va. Date signed February 24, 1946

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1946

BUREAU

ARTESIAN

PAGE CONTENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH:

County Allegany
 City or town Midland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 59 years
 Hospital, institution, or street address where death occurred:
Paradise Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Allegany
 City or town Midland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Paradise Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Patrick Francis O'Brien

3. (b) Social Security Number

218-16-2819

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Catherine Coleman O'Brien6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.)

Feb 13, 1886

8. AGE:

Years

Months

Days

If less than one day

591119

hrs.

min.

9. Birthplace

Midland, Allegany Co., Md.
(Town, county, and state)

10. Usual occupation

Manager of Midland Fire Hall

11. Industry or business

Midland Volunteer Fire Co.

FATHER

12. Name

Michael O'Brien

13. Birthplace

Barton, Md.

MOTHER

14. Maiden name

Mary Anne Comer

15. Birthplace

Barton

16. Informant

Mrs. Edna Custer

Address

Midland, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb. 5, 1946
(month) (day) (year)

Cemetery or crematory

Belvedere Cemetery

Location

Midland, Md.

18. Funeral director

M. Eichhorn

Address

Bonacoring, Md.

19. (Date rec'd by registrar)

Feb 4, 1946

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2, 1946, at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1, 1946, to Feb 2, 1946and that I last saw him alive on Feb 2, 1946

Immediate cause of death

Cerebral haemorrhage

DURATION

3 days

Due to

arterio-sclerosis

Due to

hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

James H. Keene, M.D.
Address Westport, Md. Date signed 2/3/46

RECEIVED
FEB 6 1946
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

01240

4

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Allegheny
 City or town..... Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 22 Years
 Hospital, institution, or street address where death occurred:
139 Independence St
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Allegheny
 City or town..... Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 139. Independence St
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Clara C. Pearce

3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widow

6. (b) Name of husband or wife..... Joseph T. Pearce

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... April 19 1857

8. AGE: Years..... 88 Months..... 9 Days..... 16 If less than one day..... hrs. min.

9. Birthplace..... Dawson, Allegheny Co., Maryland
(Town, county, and state)10. Usual occupation..... House Duty11. Industry or business..... Own House12. Name..... John F. Dawson13. Birthplace..... Dawson, Md.14. Maiden name..... Mary Dawson15. Birthplace..... Dawson, Md.16. Informant..... Mrs. Edith GroseAddress..... 139. Independence St, Cumberland, Md.17. Burial Date thereof..... 2/8/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... Hill Crest CemeteryLocation..... Cumberland, Md.18. Funeral director..... William H. LightAddress..... Cumberland, Md.19. Feb. 7, 46 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 5..... 1946..... at 7-40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug..... 1946, to Feb 5..... 1946
 and that I last saw her alive on Feb 5..... 1946

Immediate cause of death

Tobacco Pneumonia

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... T. Bailey Hunter M.D.

M. D. or other

Address..... Cumberland, Md. Date signed..... 2/6/46

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 12 1946

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

01241

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 Years
Hospital, institution, or street address where death occurred:
420. Avirett Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 420. Avirett Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

Anna Catherine Virginia Price

3.(b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Charles J. Price

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31 1857

8. AGE: Years 88 Months 9 Days 7 If less than one day hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation House Duty

11. Industry or business Own House

12. Name Solomon S Haugh

13. Birthplace Alexandri, Va

14. Maiden name Anna Catherine Colegate

15. Birthplace Alexandri, Va.

18. Informant Mrs. J. M. Phillips

Address 420. Avirett Ave, Cumberland, Md

17. Burial Date thereof 2/12/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetary or crematory St. Lukes Cemetery

Location Cumberland, Md.

18. Funeral director William H. Kight

Address Cumberland, Md.

19. Feb. 11, 46 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8, 1946 at 10-30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 19. 19.

and that I last saw him alive on 19.

Immediate cause of death Senility

Due to Anterior sclerotic, generalized, Cerebr.

Duration: Ten or more years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Blanche M. Kinsler M. D. or other

Address 41 Greene St Cumberland Date signed Feb. 11/1946

MARGIN RESERVED FOR BINDING

I

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 20 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH



Reg. Diat. No. 4

1. PLACE OF DEATH:

County... ALLEGANYCity or town... CUMBERLAND
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

MEMORIAL HOSPITALHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ALLEGANYCity or town... CUMBERLAND
(If outside city or town limits, write RURAL and give nearest town)Street No. 156 BEDFORD STREET

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

PULLIAM, BABY BOY

3.(b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MALEWHITESINGLE

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEBRUARY 23, 19468. AGE: Years Months Days If less than one day
1 hrs. min.9. Birthplace... MD. Cumberland, Md
(Town, county, and state)10. Usual occupation... INFANT

11. Industry or business

12. Name PULLIAM, WILLIAM E.13. Birthplace W. VA.14. Maiden name... RUTH Reel15. Birthplace W. VA.16. Information William E. PulliamAddress 156 Bedford St.17. Burial Date thereof February 25, 1946
(Burial, cremation, or removal. Which?) (month)(day)(year)Cemetery or crematory Zion Memorial ParkLocation Cumberland, Md.18. Funeral director John F. JonesAddress Cumberland, Md.19. Feb 25, 46 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb. 24 19 46 at 2:23 p. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 23 19 46 to Feb. 24 19 46and that I last saw him alive on Feb. 23 19 46Immediate cause of death Prematurity (26 weeks gestation)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur F. Jones M.D.

M. D. or other

Address 122 Bedford St Date signed 2-24-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1946

BUREAU V. C.

N
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W

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01243

Reg. Dist. No. 6

1. PLACE OF DEATH Allegany
County Luke
City or town 1 tp.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
349 Nevison Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Wva. County Mineral
City or town Keyser
(If outside city or town limits, write RURAL and give nearest town)
Street No. 33 Armstrong St.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME Bertie Blanche Reel
3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Vause Reel

6. (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) April 3, 1895.

8. AGE: 50 Years 10 Months 17 Days If less than one day
..... hrs. min.

9. Birthplace Elk-Garden-Mineral-W.Va.
(Town, county, and state)

10. Usual occupation House-wife

11. Industry or business

12. Name Andrew Shillingburg

13. Birthplace Not known

14. Maiden name Annie Evans

15. Birthplace Not known

16. Informant Vause Reel

Address Keyser, W.Va.

17. Burial Date thereof Feb 23rd, 46.

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Queen's Point Cemetery

Location Keyser, W.Va. Md.

18. Funeral director Edsworth S. Boal

Address Westernport, Md.

19. Feb 23 46 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20, 1946, at 6.35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 45 to Feb 20 46

and that I last saw him alive on Feb 20 1946

Immediate cause of death

DURATION

Due to Heart Disease

Due to arteriosclerosis

Other conditions Coronary atherosclerosis

(Indicate symptoms within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H. L. Smith

M. D. or other

Address Keyser, W. Va.

Date signed 2/22/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 25 1946
BUREAU V.A.

RECEIVED
FEB 25 1946
BUREAU V.A.

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegheny
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 55 years
Hospital, institution, or street address where death occurred:
611 E. Oldtown Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Ind County Allegheny
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 611 E. Oldtown Road
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Philip Reuschel

3. (b) Social Security Number

217-10-1984

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Daisy D. Malcolm
6. (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) March 31 1881
8. AGE: Years 64 Months 10 Days 3 If less than one day
hrs. min.

9. Birthplace Bayreuth Bavaria
(Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business Contracting
FATHER 12. Name John Reuschel
13. Birthplace Bavaria
MOTHER 14. Maiden name Anna Hartung
15. Birthplace Bavaria

16. Informant Francis J. Creegan
Address 608 Louisiana Ave - Camb
Burial Hillcrest Cemetery
Date thereof Feb 6 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cumberland Ind.
Location John J. Hafner
18. Funeral director John J. Hafner
Address Cumberland, Ind.
19. Feb 6 1946 J.P. Kuklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 19 46 at 1:35 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 19 46
and that I last saw him alive on Feb 3 19 46
Immediate cause of death Myocardial infarction
decrease
DURATION 18 mos
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. J. Kuklin
M. D. or other
Address 133 Va Ave Date signed 2-5-46

RECEIVED

RECEIVED

FEB 12 1946

BUREAU

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County AlleganyCity or town Cumberland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death 15 years

Hospital, institution, or street address where death occurred:

41 South St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 41 South Street

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

HANNAH Catherine Rice

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife John Thomas Rice

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 28 March 1875

8. AGE:

Years

Months

Days

If less than one day

701027

hrs.

min.

9. Birthplace Hyndman, Penna.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Phillip Clites13. Birthplace Penna.14. Maiden name Sarah Clink15. Birthplace Penna.16. Informant John R. RiceAddress 41 South St., Cumberland, Md.17. Burial 28 FEB 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hyndman Cemetery, Hyndman, Pa.Location Hyndman, Penna.18. Funeral director Louis Stein, Inc.Address Cumberland, Md.19. Feb. 27, 1946 J. P. Franklin, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 19 46 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 15 19 45 to Feb. 25 19 46and that I last saw him alive on Feb. 23 19 46Immediate cause of death Generally ill, arteriosclerosisBronchial asthmaDue to Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alvin J. FurrerAddress Cumberland M. D. or otherDate signed 2/25-1946

RECEIVED

MAR 5 1916

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County ALLEGANYCity or town CUMBERLAND, MARYLAND
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years.

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ALLEGANYCity or town MT. SAVAGE
(If outside city or town limits, write RURAL and give nearest town)Street No. MT. SAVAGE, MD.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

RIZER, CLARA E. MRS.

3.(b) Social Security Number

None

4. Sex

FEMALE

5. Color or race

WHITE

6.(a) Single, married, widowed, or divorced

MARRIED6.(b) Name of husband or wife CHARLES RIZER6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

FEB. 15, 1881

8. AGE:

Years

Months

Days

If less than one day

6506

hrs.

min.

9. Birthplace PENNA.

(Town, county, and state)

10. Usual occupation HWEE

11. Industry or business

12. Name WILHELM, JAMES13. Birthplace PENNA.14. Maiden name FISKNER, EMMA15. Birthplace PENNA.16. Informant Charles G. RizerAddress Old Row, Mt. Savage, Md.BurialDate thereof 24 FEB 1946
(month) (day) (year)Cemetery or crematory Pala Alto CemeteryLocation Near Hyndman, Penna.18. Funeral director Louis Stein, Inc.Address Cumberland, Md.19. Feb. 23, 46
(Date rec'd by registrar)J. O. Franklin
M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 21, 1946 at 12:35 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 19, 45 to Feb. 21, 1946 and that I last saw him alive on February 21, 1946

Immediate cause of death

Diabetic ComauremiaDue to Diabetes mellitusChronic Nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Blaine M. Schindler M.D.

M. D. or other

Address 41 Greenwood, Cumberland Md. Date signed Feb. 21, 1946

RECEIVED

FEB 26 1946

BUREAU VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:

County AlleghenyCity or town Frostburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

30 Hill St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County AlleghenyCity or town Frostburg
(If outside city or town limits, write RURAL and give nearest town)Street No. 30 Hill St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Mary Clark7. Birth date of deceased (mo., day, yr.) Aug. 3rd. 18726.(c) If alive, give age 67 years8. AGE: Years 73 Months 6 Days 2 If less than one day
hrs. min.9. Birthplace 327 Savage, Allegheny, Md.
(Town, county, and state)10. Usual occupation Retired11. Industry or business Coal Miner12. Name Simon Rizer13. Birthplace Wallerstown, Pa.14. Maiden name Josephine Rizer15. Birthplace Wallerstown, Pa.16. Informant Mrs. Robert M. RizerAddress 30 Hill St. Frostburg, Md.17. Burial Date thereof 2-9-1946
(Burial, cremation, or removal. When?) (month) (day) (year)Cemetery or crematory Everhart CemeteryLocation Everhart, Md.18. Funeral director Robert RizerAddress Frostburg, Md.19. 2-7 1946 Mrs. Nancy A. Rizer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1946 at 1:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1 1946 to Feb 5 1946and that I last saw him alive on Feb 1 1946Immediate cause of death Cerebral Hemorrhage

DURATION

2 yrs
sinus
yearsDue to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE WOM Lone M.D. or otherAddress Frostburg Md Date signed 2-6-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 11 1946

BUREAU

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County ALLEGANYCity or town CUMBERLAND, MARYLAND
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Memorial HospitalHow long in hospital or institution? 6 HOURS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ALLEGANYCity or town CUMBERLAND
(If outside city or town limits, write RURAL and give nearest town)Street No. 323 ARCH ST.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

BABY BOY ROBERTSON, Raymond Charles

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MALEWHITESingle

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) FEB. 16, 1946

8. (c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day
6 hrs. _____ min.9. Birthplace CUMBERLAND, MARYLAND
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name MILLARD ROBERTSON13. Birthplace MD.14. Maiden name HALLIE HILL15. Birthplace MARYLAND16. Informant Memorial HospitalAddress Cumberland, Md.17. Cremation Date thereof Feb. 17, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Memorial Hosp.Location Cumberland, Md.18. Funeral director Same

Address

19. Feb. 17, 1946 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 16, 1946 at 2:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 16, 1946 to Feb. 16, 1946and that I last saw him alive on Feb. 16, 1946

Immediate cause of death

premature birth

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. E. B. Owens M. D. or otherAddress 133 Va Date signed Feb 17, 1946

RECEIVED

FEB 26 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Reynolds

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 189

01249

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegany
 City or town Cumberland, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 hours 5 minutes
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 4 hours 5 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Allegany
 City or town Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 207 Offutt Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Baby Boy Robinette, Juan Ricardo

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife.....
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) February 9, 1946
 8. AGE: Years Months Days If less than one day
4 hrs. 5 min.

9. Birthplace Cumberland, Maryland
 (Town, county, and state)
 10. Usual occupation New Born
 11. Industry or business
 12. Name Blair Robinette
 13. Birthplace West Virginia
 14. Maiden name Jesuita Courado
 15. Birthplace Phillippines

16. Informant Memorial Hospital
 Address Cumberland, Maryland
 17. Cremation
 (Burial, cremation, or removal, Which?) Date thereof Feb. 9, 1946
 (month) (day) (year)
 Cemetery or crematory Memorial Hosp.
 Location Cumberland, Md
 18. Funeral director Same
 Address

19. Feb 9, 1946 J.P. Franklin, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 19 46 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 9/46 19 Feb 9/46 19
 and that I last saw him alive on Feb 9/46 19 Feb 9/46 19

Immediate cause of death Prematurity
 DUE TO.....
 DUE TO.....
 Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Dr. J.P. Franklin, M.D.
 Address Cumberland, Md Date signed Feb 9/46
 M.D. or other

UNITED STATES DEPARTMENT OF JUSTICE

STANDARD FORM NO. 100

STANDARD FORM NO. 100

RECEIVED

RECEIVED

FEB 12 1946

BUREAU V B

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
County.....ALLEGANY
City or town.....CUMBERLAND, MARYLAND
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 23 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....PENNA County.....SOMERSET
City or town.....BERLIN, PA.
(If outside city or town limits, write RURAL and give nearest town)
Street No.....300 MAIN ST.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME
ELIZABETH SCHELLER

3.(b) Social Security Number

None

4. Sex FEMALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced WIDOWED

6.(b) Name of husband or wife GEORGE SCHELLER

7. Birth date of deceased (mo., day, yr.) NOV. 7 1887

8. AGE: Years 58 Months 3 Days 9 If less than one day hrs. min.

9. Birthplace PENNA.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name JOHN DEETER
13. Birthplace PA.

14. Maiden name ELIA POORBAUGH
15. Birthplace PA.

16. Informant MEMORIAL HOSPITAL
Address CUMBERLAND, MD.

17. Burial, cremation, or removal. 2-19-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory S.O.O.F. Cem
Location Berlin Pa.

18. Funeral director J.P. Franklin, M.D.
Address Berlin Pa.

19. 2-16-46
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 16 1946, at 9:25 AM

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 24 1946 to Feb 16 1946 and that I last saw her alive on Feb 16 1946

Immediate cause of death
Cholecystitis
Cholelithiasis
Hemorrhagic shock
Operated Cholecystectomy
DURATION ?

Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations: Gallbladder, pancreas, etc.
Date of op. 1-29-46
Autopsy results: Cholecystitis
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. Wilson M.D.
Address Cumberland Md. Date signed 2-16-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 20 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

01251

4

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Allegheny
 City or town Cumberland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Kelly Springfield Tire Co.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County AlleghenyCity or town Carnegie
(If outside city or town limits, write RURAL and give nearest town)Street No. 612 Chestnut St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Thomas Edward Smith

3. (b) Social Security Number

167-05-3905

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Doris M. Bagley8. (c) If alive, give age 21 years7. Birth date of deceased (mo., day, yr.) November 11, 1913

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>2</u>	<u>26</u>hrs.min.

9. Birthplace Carnegie, Allegheny Co. Pa
(Town, county, and state)10. Usual occupation Personnel Clerk11. Industry or business Kelly Springfield Tire Co.12. Name Harold Smith13. Birthplace England14. Maiden name Amelia Prescott15. Birthplace England16. Informant Doris M. SmithAddress Carnegie, Pa.17. Burial (Burial, cremation, or removal. Which?) Date thereof February 9, 1946
(month) (day) (year)Cemetery or crematory Chartiers CemeteryLocation Carnegie, Pa.18. Funeral director John J. HefnerAddress Cumberland, Md.19. Feb 7, 1946 J.P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1946 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to19.....

and that I last saw himalive on19.....

Immediate cause of death..... DURATION

Coronary Occlusion

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Russ H. Brown, M.D.

M. D. or other

Address Cumberland, Maryland Date signed 2-7-46Deputy Medical Examiner Allegheny Co.

MARGIN RESERVED FOR BINDING

9.45-15M

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 12 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

Reg. Dist. No. 01252 4

1. PLACE OF DEATH:

County... Allegany
City or town... Cumberland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

711 Gephart Drive

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Allegany
City or town... Cumberland
(If outside city or town limits, write RURAL and give nearest town)

Street No. 711 Gephart Drive
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

Arthur Hubbard Stull

3. (b) Social Security Number

705-10-4496

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Catherine McGady

7. Birth date of

deceased (mo., day, yr.)

July 25, 1882

6.(c) If alive, give age... years

8. AGE:

Years

Months

Days

It less than one day

63

6

16

hrs.

min.

9. Birthplace

Thurmont, Md.

(Town, county, and state)

10. Usual occupation

Chief Clerk Div. Eng. Office

11. Industry or business

W. Md. R.R. Co.

FATHER

12. Name

John A. Stull

13. Birthplace

Maryland

MOTHER

14. Maiden name

Cora Hubbard

15. Birthplace

Maryland

16. Informant

Mrs. Catherine Stull

Address

711 Gephart Dr. Cumberland, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Feb. 12, 1946

(month) (day) (year)

Cemetery or crematory

S.S. Peter & Paul Cem.

Location

Cumberland, Md.

18. Funeral director

Charles L. George

Address

Cumberland, Md.

19.

Feb. 12, 1946
(Date rec'd by registrar)J.P. Franklin, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb. 10, 1946, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 3, 1946, to Feb. 18, 1946, and that I last saw him alive on Feb. 3, 1946.

Immediate cause of death

Sarcocoma of right ear.

DURATION

6 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Sarcocoma of right ear.

Date of op. 10-27-46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J.P. Franklin, M.D.
Medical Officer
Date signed 2-11-46

FEB 16 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:

County AlleganyCity or town Westernport
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County AlleganyCity or town Westernport
(If outside city or town limits, write RURAL and give nearest town)Street No. 45 Main, St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Donald Scherr Teets

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

May 28, 1926

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day

1988hrs.min.9. Birthplace Keyser-Mineral-W. Va.

(Town, county, and state)

10. Usual occupation Gasoline Station Operator

11. Industry or business

12. Name William B. Teets13. Birthplace Lost City W. Va.14. Maiden name Mabel Bowman15. Birthplace Greenland Zak W. Va.16. Informant Mrs. Leo KidwellAddress Westernport

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb. 6, 1946

(month) (day) (year)

Cemetery or crematory PhilosLocation Westernport18. Funeral director Ellsworth S. BoalAddress Westernport, Maryland.19. 74.5 16 Allegany

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1946 at 12:30 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan 14 1946 to Feb 3 1946and that I last saw him alive on Feb 3 1946

Immediate cause of death

Congestive heart failure

DURATION

2 moDue to Chronic nephritis3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE James SpeerAddress WesternportDate signed Feb 5, 1946

UNITED STATES DEPARTMENT OF HEALTH

OFFICE OF VETERANS AFFAIRS

RECEIVED
FEB 7 1946
BUREAU V.A.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

CERTIFICATE OF DEATH

Reg. Dist. No. 4

01254

1. PLACE OF DEATH:

County Allegheny Co.
 City or town Baltimore Addition - near Cumberland
 (if outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Woodward Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Allegheny
 City or town Cumberland
 (if outside city or town limits, write RURAL and give nearest town)
 Street No. 236 W. Oldtown Road
 (if rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Nevia Teter

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white Married

6. (b) Name of husband or wife Abraham B. Teter

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1889

8. AGE: Years 56 Month 4 Days 15 If less than one day
 hrs. min.

9. Birthplace Glary Gore, Pendleton Co., W. Va.
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER 12. Name Abraham Gore

13. Birthplace Pendleton Co., W. Va.

14. Maiden name Carrie Nelson

MOTHER FATHER 15. Birthplace Pendleton Co., W. Va.

16. Informant Abraham B. Teter

Address Route 3 - Cumberland Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Feb 6, 1946
 (month) (day) (year)

Cemetary or crematory Teter Cemetery

Location Near Bowman's Addition

18. Funeral director John J. Hager

Address Cumberland, Md.

19. Feb 6 19 46 J. O. Franklin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1946 19 46 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 14 19 46 to Feb 3 19 46
 and that I last saw her alive on Feb 2 19 46

Immediate cause of death

Cerebral hemorrhage

DURATION

3 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur F. Jones M.D. M. D. or other

Address 122 Bedford St. Date signed 2-6-46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The completion of this form is especially important. Physicians: please write the causes of death clearly and legibly.

60120

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF INVESTIGATION
WASHINGTON, D. C.

Handwritten signature

WILLIAM A. ROGER

HAS CONTENT

RECEIVED
FEB 12 1946
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

782

01255

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: Allegany
 County.....
 City or town..... Cumberland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 6 Yrs.
 Hospital, institution, or street address where death occurred:
921 Glenwood St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Allegany
 City or town..... Cumberland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 921 Glenwood St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
George Harrison Twigg

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife..... Lillie Bucy
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) Aug. 27, 1861
 8. AGE: Years 84 Months 5 Days 10 If less than one day
 hrs. min.

9. Birthplace..... Oldtown, Allegany, Md.
 (Town, county, and state)
 10. Usual occupation..... Retired Farmer

11. Industry or business
 12. Name..... Michael Twigg
 13. Birthplace..... Maryland
 14. Maiden name..... Nancy Aldertown
 15. Birthplace..... Maryland

16. Informant..... Thurman A. Twigg
 Address..... 921 Glenwood St. Cumberland, Md.

17. Burial Date thereof..... Feb. 10, 46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Twigg Cem.
 Location..... Near Oldtown, Maryland
Charles L. George

18. Funeral director.....
 Address..... 202 Greene St. Cumberland, Md.

19. Feb. 9, 46 J. P. Franklin, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 6, 1946 at 6:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 1945 to Feb. 6 - 1946
 and that I last saw him alive on Feb. 6, 1946

Immediate cause of death..... Chronic myocarditis DURATION 2 yrs.

Due to..... Arteriosclerosis 5 yrs.

Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... Gen. P. Paulman M. D. attested
 Address..... Cumberland, Md. Date signed..... 2-7-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 12 1946

BUREAU U.S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

01256

DR. C.E. DURRETT

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County ALLEGANYCity or town CUMBERLAND
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 38 yrs.Hospital, institution, or street address where death occurred:
MEMORIAL HOSPITALHow long in hospital or institution? 10 1/2 HOURS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ALLEGANYCity or town CUMBERLAND
(If outside city or town limits, write RURAL and give nearest town)Street No. 1209 VIRGINIA AVE.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

MRS. KATHRYN S. WHISNER

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FEMALE

WHITE

MARRIED

6. (b) Name of husband or wife DAVID E. WHISNER6. (c) If alive, give age 38 years7. Birth date of deceased (mo., day, yr.) AUGUST 11 19078. AGE: Years Months Days If less than one day
38 6 0 hrs. min.9. Birthplace MARYLAND
(Town, county, and state)10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name YOST, JOHN, W.13. Birthplace WEST VIRGINIA14. Maiden name CLAY, ELLA15. Birthplace Ind.16. Informant MEMORIAL HOSPITALAddress CUMBERLAND, MD.17. Burial Date thereof Feb 15 '46
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Hillcrest Cem.Location Cumberland18. Funeral director Kosmo Stein IncAddress Cumberland19. Feb. 14, 1946 J. P. Franklin M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 11 19 46, at 3:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 10, 1946 to Feb. 11, 1946and that I last saw her alive on Feb. 10, 1946

Immediate cause of death.....

DURATION

Patent foramen ovale 24 hr

Due to.....

Due to Rheumatic Carditis 5 yrs

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Durrett

M, D. or other

Address Cumberland Date signed 2/11/46

MARGIN RESERVED FOR BINDING

VS A15
9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 20 1946
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

01257

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County AlleganyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

31 Lamont St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County AlleganyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)Street No. 31 Lamont St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Clay Wilson

3. (b) Social Security Number

None4. Sex Male5. Color or race White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Mamie Dean8. (c) If alive, give age 54 years7. Birth date of deceased (mo., day, yr.) Feb 6, 18718. AGE: Years 75 Months 0 Days 10 hr. min.9. Birthplace Rush, Allegany Co, Ind
(Town, county, and state)10. Usual occupation Retired Policeman11. Industry or business City of Cumberland12. Name Unknown13. Birthplace Unknown

14. Maiden name

15. Birthplace

16. Informant Mrs Clay WilsonAddress 31 Lamont St - Cumb. Ind.17. Burial Date thereof Feb 18, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill MausoleumLocation Cumberland, Ind.18. Funeral director John J. HofferAddress Cumberland Ind.19. Feb. 18, 1946 J. P. Harklin, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1946 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/25, 1943, to 2/16, 1946and that I last saw him alive on 2/16/46Immediate cause of death Coronary Thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE John N. Rozewicz M.D.Address Cumberland Ind.Date signed 2/18/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 26 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

01258

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County AlleganyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

1002 Lexington AvenueHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)Street No. 1002 Lexington Avenue
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

William Lawrence YOST

3. (b) Social Security Number

705-05-8153

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced6. (b) Name of husband or wife Ethel Branson6. (c) If alive, give age - years

7. Birth date of

deceased (mo., day, yr.) 4 May 1896

8. AGE:

Years

Months

Days

If less than one day

49828

hrs.

min.

9. Birthplace Martinsburg, West Virginia.
(Town, county, and state)10. Usual occupation Clerk11. Industry or business B & O Railroad12. Name John William Yost13. Birthplace West Virginia.14. Maiden name Ellen E. Clay15. Birthplace West Virginia.16. Informant Samuel A. YostAddress 1002 Lexington Ave., Cumberland, Md.17. Burial Date thereof 5 February 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Hillcrest Burial ParkLocation Cumberland, Maryland.18. Funeral director Louis Stein, Inc.Address Cumberland, Maryland.19. Feb. 4, 1946 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2, 1946 at - M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19
and that I last saw him alive on

Immediate cause of death

DURATION

Coronary ThrombosisDue to ArteriosclerosisDue to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Clayton J. SussnerCumberland M. D. or other -
Address - Date signed 2-4-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 12 1946

BUREAU V.S.

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Allegheny
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
1038 Myrtle Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Allegheny
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1038 Myrtle Street
(If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME

HARRY D. YOUNG

3. (b) Social Security Number

298-03-6024

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower
6.(b) Name of husband or wife Beatrice Young
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) October 24, 1873
8. AGE: Years 72 Months 3 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Cumberland, Allegheny, Maryland
(Town, county, and state)
10. Usual occupation Bricklayer
11. Industry or business
12. Name William D. Young
13. Birthplace Cumberland, Maryland
14. Maiden name Anne McKee Young
15. Birthplace Cumberland, Maryland

16. Informant Harry W. Young
Address 1038 Myrtle Street, Cumberland, Md.

17. Burial Date thereof 2/14/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Cumberland, Md.

18. Funeral director William H. Kight
Address Cumberland, Maryland

19. Feb 14, 1946 J. P. Franklin, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1946 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 16, 1945 to Feb 11, 1946
and that I last saw him alive on Feb 1, 1946

Immediate cause of death Cardio renal DURATION

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. K. Kester M. D. or other

Address 1424 Bedford St Date signed 2/12/46

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 20 1946
BUREAU V R